DOCUMENT RESUME

ED 478 677 CG 032 466

AUTHOR	Grisso, Thomas; Underwood, Lee
TITLE	Screening and Assessing Mental Health and Substance Use Disorders among Youth in the Juvenile Justice System.
SPONS AGENCY	John D. and Catherine T. MacArthur Foundation, Chicago, IL.
PUB DATE	2003-01-00
NOTE	8p.; Produced by the National Center for Mental Health and Juvenile Justice.
AVAILABLE FROM	National Center for Mental Health and Juvenile Justice, Policy Research Associates, 345 Delaware Ave., Delmar, NY 12054. For full text: http://www.ncmhjj.com/pdfs/publications/Screening_And_Assessing_MHSUD.pdf
PUB TYPE	Guides - Non-Classroom (055) -- Information Analyses (070)
EDRS PRICE	EDRS Price MF01/PC01 Plus Postage.
DESCRIPTORS	*Clinical Diagnosis; Identification; *Juvenile Justice; Mental Disorders; *Mental Health; Outcomes of Treatment; Screening Tests; *Substance Abuse; *Youth

ABSTRACT

On any given day, over 100,000 youth are held in custody in juvenile justice facilities across the country, either awaiting trial in detention centers or having been placed in residential facilities after being convicted of delinquencies. A growing body of research suggests that most of these youth meet criteria for at least one mental disorder, and that at least one out of every five have what is considered to be a serious mental disorder often coupled with a co-occurring substance use disorder. Essential to responding to a youth's mental, emotional, and substance use problem is the identification of their problem. Detecting potential mental health and substance use disorders among youth requires reliable and valid screening and assessment instruments, and information on how best to implement the available instruments. This Research and Program Brief is designed to provide clinicians and other professionals working with youth in the juvenile justice system with information about the most effective instruments to use to screen and assess for mental health and substance use disorders among youth at various points in the juvenile justice system. (Contains 10 references.) (GCP)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 478 677

Screening and Assessing Mental Health and Substance Use Disorders among Youth in the Juvenile Justice System

by
Thomas Grisso
Lee Underwood

National Center for Mental Health and Juvenile Justice
Research and Program Brief
January 2003

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY
J. Cocozza
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
1

CG032466

BEST COPY AVAILABLE

National Center for
Mental Health and Juvenile Justice
NCMHJJ

Research and Program Brief

January 2003

Research and Program Briefs are periodic publications aimed at improving policy and practice for youth with mental health disorders in contact with the juvenile justice system. This publication is supported by a grant from the **John D. and Catherine T. MacArthur Foundation**.

Screening and Assessing Mental Health and Substance Use Disorders Among Youth in the Juvenile Justice System

by Thomas Grisso, Ph.D. and Lee Underwood, Psy.D.

Background

On any given day, over 100,000 youth are held in custody in juvenile justice facilities across the country, either awaiting trial in detention centers or having been placed in residential facilities after being convicted of delinquencies (Snyder and Sickmund, 1999). Countless others are processed by juvenile court probation officers after referral to the juvenile court but without confinement in facilities.

A growing body of research suggests that most of these youth meet criteria for at least one mental disorder, and that at least one out of every five have what is considered to be a *serious* mental disorder often coupled with a co-occurring substance use disorder (Cocozza and Skowyra, 2000). Growing awareness of these youth, their needs, and the impact that they have on the juvenile justice and mental health systems has led to increasing concern around the need to provide them with appropriate treatment services.

Essential to responding to a youth's mental, emotional, and substance use problem is the identification of their problem. Detecting potential mental health and substance use disorders among youth requires reliable and valid screening and assessment instruments, and information on how best to implement the available instruments. This Research and Program Brief is designed to provide clinicians and other professionals working with youth in the juvenile justice system with information about the most effective instruments to use to screen and assess for mental health and substance use disorders among youth at various points in the juvenile justice system.

What are "screening" and "assessment?"

Screening and assessment share objectives to evaluate youth, but they are distinguished by different purposes and often require somewhat different methods.

Screening. Most definitions of screening for mental health and substance use problems (e.g., Trupin & Boesky, 1999; Grisso & Barnum, 2000) describe a relatively brief process designed to identify youth who are at increased risk of having disorders that warrant immediate attention, intervention, or more comprehensive review. Screening, therefore, is a "triage" process, often employed with every youth entering a particular part of the juvenile justice system. Identifying the need for further evaluation is one of the more frequent purposes of screening.

Assessment. In contrast, assessment is a more comprehensive and individualized examination of the psychosocial needs and problems identified during the initial screen, including the type and extent of mental health and substance use disorders, other issues associated with the disorders, and recommendations for treatment intervention. Assessments are typically more expensive than screening because they require more regarding

BEST COPY AVAILABLE

individualized data collection, often including psychological testing, clinical interviewing, and obtaining past records from other agencies for review by the assessor. Thus, assessment typically requires the expertise of a mental health professional and is employed only for a subset of youths who, through screening or other means, are identified as most likely to be in need of such evaluation.

When do screening and assessment occur?

Screening is most likely to be needed at three points in the juvenile justice system:

- At the first interview with a youth after referral to the juvenile court, often accomplished by an intake probation officer
- Upon admission of a youth to a pretrial detention center to await adjudication
- Upon admission to a post-adjudication community program or correctional facility to begin the rehabilitation process.

Assessment, the more extensive process of individualized evaluation, may also occur at any of these points, and may be focused on a variety of decisional needs of the system. By far the most frequent assessments, however, are to identify youth's psychological needs and to offer recommendations for consideration by the court or correctional programs regarding necessary treatment and rehabilitative interventions.

Screening and assessment for what?

Screening and assessment instruments for identifying mental health and substance use needs of adolescents differ considerably in the domain of psychological and behavioral characteristics that they evaluate. There is no definitive set of characteristics that is essential for all purposes across all steps in the juvenile justice process. Research on problems among youth in the juvenile justice system suggests the following considerations:

Psychiatric disorders. There is general consensus (e.g., Otto et al., 1992; Kazdin, 2000; Teplin and McClelland, 1998) that certain psychiatric disorders are among the most frequent and troubling in juvenile justice populations. The formal psychiatric disorders of greatest relevance are:

- Conduct disorders
- Affective disorders (e.g., dysthymia)
- Anxiety disorders (e.g., post-traumatic stress disorder)
- Substance use disorders
- Attention deficit disorders
- Developmental disability (e.g., mental retardation).

Symptoms and problem behaviors. Another approach incorporated into some screening and assessment instruments for adolescents is to identify symptoms and behaviors of special relevance for understanding youth and responding to them, rather than seeking to establish the presence of formal diagnostic disorders. Many symptoms and problem behaviors are associated with more than one diagnostic condition. Examples include:

- Depressed affect
- Anxiety
- Suicidal tendencies
- Alcohol and drug use problems
- Unusual or bizarre thoughts
- Anger and aggression
- Intellectual and neuropsychological deficits.

Here the focus is on identifying mental and emotional disturbances, or potential symptoms and behaviors that may be found in any number of mental disorders, without requiring a diagnosis itself. Often identification of these conditions is sufficient to meet the juvenile justice system's need to respond appropriately to a youth's needs and to investigate further the meaning of the symptoms or behaviors.

Family characteristics. A fundamental difference between the screening and assessment of adults and of adolescents is that the latter are typically dependent upon their families. Specifically, they continue to be directly influenced by both the strengths and problems of their caretakers. Whenever possible, assessments should be conducted with instruments that will allow the assessor to obtain information about youths' families.

Identifying strengths. The process of responding to youths' problem behaviors and disorders should include attention to strengths of the youth and family upon which treatment and rehabilitation can build. Unfortunately, most screening and assessment instruments designed for use with adolescents focus on deficits and disorders, giving little attention to areas of functioning for which the youth shows particular aptitude. Yet for the clinician, this is an essential part of a complete assessment process, and instruments that do provide such information deserve special consideration.

Screening and assessment with whom?

A number of demands are placed on screening and assessment instruments by the nature of the population of youth who come under the custody of the juvenile justice system. Selection of instruments must take the following factors into account:

Age. Screening and assessment instruments must be designed for the age range that is relevant for the task. Typically this will include 12–18 year olds, although the age range for specific juvenile justice settings may be somewhat lower or higher, depending on the step in the juvenile justice process during

which the evaluation is being performed, or the juvenile jurisdictional age in a specific state.

Gender. In 2000, approximately 23 percent of all youth arrested were females (American Bar Association, 2001). Despite the fact that the overall number of girls involved with the juvenile justice system is steadily increasing, many of the instruments designed for use in juvenile justice settings traditionally have been developed with and for boys. This tradition is changing but is still in evidence.

Ethnicity. The ethnic composition of youth involved in the juvenile justice system varies from one jurisdiction to another and from one step in the juvenile justice process to the next. Minority ethnic youth make up at least one-half of juvenile justice youth in most communities, far more than that in many urban areas, and almost all of the youth entering some juvenile correctional facilities (Isaacs, 1992). The selection of instruments for screening and assessment must be made with recognition of the particular ethnic, linguistic, and cultural composition of the youth in one's own juvenile justice system.

Cognitive and attention deficits. Virtually all large studies of youth in the juvenile justice system find that their average score on standardized intelligence tests is considerably below the average for youth generally in the U.S. (Frick, 1998), and that youth in the juvenile justice system disproportionately manifest problems in reading, attention, and expressive and receptive language skills. This requires that screening and assessment instruments for mental, emotional and substance abuse problems accommodate, or reduce the risk of error in measurement of, those problems for youth with serious limitations in reading and expressive abilities.

Screening and assessment in what context?

The context in which screening or assessment is performed requires special consideration when selecting instruments. A number of factors should be taken into account when reviewing instruments for use in a particular context:

Time. Screening and assessment instruments vary considerably in the time required to administer and score them, ranging from 10 minutes to several hours. Typically, the screening process in juvenile justice settings, involving the evaluation of every youth at a particular point in the process, cannot afford more than 15-20 minutes per youth.

Financial cost. Instruments vary considerably in their per-case cost. Excluding compensation for staff or clinician time, some instruments may be used without any per-case fees, while others may cost several dollars per case through purchase of the materials or contracts with commercial computer-based assessment systems.

Expertise of personnel. Some instruments require professional clinical expertise to administer, score, and/or interpret, while others may be administered, scored, and used by line staff or justice-based counselors, either with little training or with some degree of specialized in-service training.

Information sources. Instruments for evaluating youth mental health and substance use needs vary considerably in the types of information needed to complete the administration. Some require only the self-report of the youth, while others require information directly from family members and/or legal and mental health records.

The screening and assessment relationship. Juvenile justice personnel and mental health professionals who screen or assess youth in the context of adjudication proceedings are expected to function in the best interests of the youth whom they are evaluating. Yet, if they are evaluating the youth by authority of the juvenile court, their role may be different, and information may be used to decide about long-term incarceration involving significant deprivation of liberty.

Parental and youth expectations about the potential use of the information they are providing mental health examiners may influence the nature of their responses to the examiner's inquiries. Instruments vary in the degree to which they are influenced by such expectations. Further, the validity of the same instrument cannot automatically be assumed when used in this different examiner-examinee relationship.

Content and the decision context. Some types of information will be more or less relevant for certain stages in the juvenile justice system, depending on the nature of the decisions to be made at that point. For example, at pretrial detention intake, establishing a psychiatric diagnosis may be far less important for purposes of meeting a youth's immediate needs than learning that the youth has made a suicide threat within the past few days.

A review of screening and assessment instruments

There are literally hundreds of screening and assessment instruments that measure aspects of adolescent mental health, substance abuse, personality and cognitive abilities. Which instrument is selected will depend upon the juvenile justice setting in which it will be used; the age, gender and ethnicity of the youth being assessed; and the resources and staff available to support the effort. **Table 1** describes instruments for which at least some uses in juvenile justice or adolescent clinical settings are known, and that provide some evidence regarding reliability and other psychometric properties.

Table 1.

Screening Instruments	Age Range	Researched with JJ Youth	Administration Time (Min.)	Developer/Publisher
Adolescent Substance Abuse Subtle Screening Instr.	12-18	X	15	The SASSI Institute • 800.726.0526 • www.sassi.com
Children's Depression Inventory	6-17	X	10-20	NCS Pearson • 800.431.1421 • http://assessments.ncspearson.com
Massachusetts Youth Screening Instrument-2nd Version	12-17	X	10-15	Professional Resource Press • 800.443.3364 • www.ppress.com
Posttraumatic Stress Diagnostic Scale	17+		10-15	Edna Foa, PhD • Publisher: NCS • 800.627.7271 ext. 551 • Email: assessments@ncspearson.com
Reynolds Adolescent Depression Scale	13-18		5-20	SAS • 800.265.1285 • info@sigmaassessmentsystems.com • orders@sigmaassessmentsystems.com
Suicide Ideation Questionnaire	12-18	X	5-10	Psychological Assessment Resources • 800.331.8378 (US & Ca) or 813.968.3003 • www.parinc.com
The Behavioral and Emotional Rating Scale	5-18	X	10-15	Psychological Assessment Resources • 800.331.8378 (US & Ca) or 813.968.3003 • www.parinc.com
Personal Experience Screening Questionnaire	12-18	X	15-20	Western Psychological Services • 310.478.2061 • www.wpspublish.com
Resiliency Attitude Scale	13-17		10-15	bbiscoe123@aol.com • psyche@okcforum.org
Peabody Picture Vocabulary Test	2-90	X	10-15	American Guidance Services • 800.328.2560 • www.agsnet.com
Wechsler Abbreviated Scales of Intelligence	6-89	X	15-30	Psychological Corporation • 800.211.8378 • www.psychcorp.com
Assessment Instruments				
The American Drug and Alcohol Survey	9-18		20-25	RMBS • 800.447.6354
Comprehensive Addiction Severity Index for Adolescents	12-18	X	45-90	Kathleen Meyers • System Measures • 610.287.4426
Drug Use Screening Inventory-Revised	12-17	X	20-40	David Gomey • Gordian Group • 843.383.2701 • www.dusi.com
Juvenile Automated Substance Abuse Evaluation	11-18	X	30-45	ADE • 800.334.1918 • www.adeincorp.com
Adolescent Diagnostic Interview	12-18	X	45-60	Western Psychological Services • 800.648.8857 or 310-478-2061 • www.wpspublish.com
Adolescent Psychopathology Scale	12-19		45-60	Psychological Assessment Resources • 800.331.8378 (US & Ca) or 813.968.3003 • www.parinc.com
Brief Psychiatric Rating Scale-Children	3-17		20	John Overall, PhD, University of Texas Medical School • 713.500.2500
Carlson Psychological Survey	14+	X	15	Psychological Assessment Resources • 800.331.8378 (US & Ca) or 813.968.3003 • www.parinc.com
Child & Adolescent Needs and Strengths-Mental Health	4-21	X	20	John Lyons, PhD, Mental Health Services and Policy Program • 312.503.0425
Child Behavior Checklist (Parent Form)	4-18	X	20-25	ASEBA • 802.656.8313 • www.aseba.org/index.html
Child Behavior Checklist (Teacher Report Form)	4-18	X	20-25	ASEBA • 802.656.8313 • www.aseba.org/index.html
Child Behavior Checklist (Youth Self Report)	4-18	X	20-25	ASEBA • 802.656.8313 • www.aseba.org/index.html
Devereux Scales of Mental Disorders	5-18	X	15	Howard Savin, PhD, Institute of Clinical Training & Research • 610.520.3000 • www.devereux.org
Diagnostic Interview Schedule for Children-IV	9-17	X	90	Prudence Fisher, MS • NIMH-DISC Training Center at Columbia University • 888.814.DISC
Jesness Inventory	13-20	X	20-30	Multi-Health Systems • 800.456.3003 • www.mhs.com/
Millon Adolescent Clinical Inventory	13-19	X	45-75	NCS Pearson • 800.431.1421 • http://assessments.ncspearson.com
Minnesota Multiphasic Personality Inventory-Adolescent	14-18	X	60-90	NCS Pearson • 800.431.1421 • http://assessments.ncspearson.com
Practical Adolescent Dual Diagnosis Interview	13-18	X	20-40	Evince Clinical Assessments • 401.231.2993 • Email: hoffmanns@aol.com
Revised Behavior Problem Checklist	5-18	X	30-45	Psychological Assessment Resources • 800.331.8378 (US & Ca) or 813.968.3003 • www.parinc.com
State-Trait Anger Expression Inventory	13+		15	Psychological Assessment Resources • 800.331.8378 (US & Ca) or 813.968.3003 • www.parinc.com
Suicide Probability Scale	13+	X	15-20	Western Psychological Services • 800.648.8857 or 310.478.2061 • www.wpspublish.com
Symptom Checklist 90-Revised	13+		15-20	NCS Pearson • 800.431.1421 • http://assessments.ncspearson.com
Trauma Symptom Checklist for Children	8-16	X	15-20	Psychological Assessment Resources • 800-331-8378 (US & Ca) or 813.968.3003 • www.parinc.com
Child and Adolescent Functional Assessment Scale	4-14	X	10-30	734.769.9725 • Email: hodges@provide.net • www.cafas.com
Child & Adolescent Needs and Strengths-Juv. Justice	1-18	X	20	John Lyons, PhD, Mental Health Services and Policy Program • 312.503.0425
Connors' Rating Scales-Revised	3-17	X	15-30	Psychological Assessment Resources • 800-331-8378 (US & Ca) or 813.968.3003 • www.parinc.com
Family Adaptability and Cohesion Evaluation Scales-II	12-65		30-45	Life Innovations • Email: FIP@lifeinnovation.com • www.prepare-enrich.com
Youth Level of Service-Case Management Inventory	12-16	X	30-40	Multi-Health Systems • 800.456.3003 • www.mhs.com
Matson Evaluation of Social Skills with Youngsters	4-18	X	20	International Diagnostic Systems • PO Box 389, Worthington, OH 43085
Personality Inventory for Youth	8-18	X	30-60	Western Psychological Services • 800.648.8857 or 310.478.2061 • www.wpspublish.com
Problem Oriented Screening Instrument for Teenagers	12-19	X	20-25	Nat'l Clearinghouse for Alcohol and Drug Info. • 800.729.6686 • www.niaaa.nih.gov
Relationship with Family of Origin Scale	15-35	X	20-30	Jonathan Hill • U. of Liverpool • Tel: 0151 706 4151 • Fax: 0151 709 3765
Sixteen Personality Factor Questionnaire	16+		45-60	NCS Pearson • 800.431.1421 • http://assessments.ncspearson.com
Structured Pediatric Psychosocial Interview	5-19	X	20	Fourier • P.O. Box 125, Akron, OH 44308
Vineland Adaptive Behavior Scales	1-18	X	20-90	American Guidance Services • 800.328.2560 • www.agsnet.com
Kaufman Brief Intelligence Test	4-90	X	15-30	American Guidance Services • 800.328.2560 • www.agsnet.com
Peabody Individual Achievement Test-Revised	5-18	X	60	American Guidance Services • 800.328.2560 • www.agsnet.com
Quick Neurological Screening Test II	5-18	X	20-30	Psychological Assessment Resources • 800.331.8378 (US & Ca) or 813.968.3003 • www.parinc.com
Stanford Binet Intelligence Scale	2-23	X	45-90	Riverside Publishing • 800.323.9540 • www.hmco.com
Wechsler Intelligence Scales	16-89	X	60-120	Psychological Corporation • 800.211.8378 • www.psychcorp.com
Wide Range Achievement Test-3	5-75	X	15-30	Wide Range • 800.221.9728 • Email: wr@widerange.com

BEST COPY AVAILABLE

Summary criteria for selecting instruments

Choosing instruments for screening and assessment necessarily requires adequate attention to the psychometric properties of the instrument. Instruments vary considerably in the degree to which research has demonstrated their internal consistency, inter-examiner reliability, test-retest reliability, and their construct and predictive validity.

- An instrument should not be selected if there has been no research to describe the degree of its reliability or validity when administered to adolescents.
- The greater the consequences and import of the decisions to be made on the basis of the instrument (e.g., longer-term treatment and/or incarceration), the higher the standard that should be applied in judging whether the instrument has an acceptable degree of reliability and validity.
- Instruments that provide information about variations in normative performance according to gender, various ages, and various ethnic backgrounds should be preferred.

Given the demands discussed above, the desirability of ***both screening and assessment instruments*** is enhanced if they:

- Require low reading levels and use relatively simple response formats and when they are paper-and-pencil instruments that must be completed by youths themselves;
- Assess mental distress and disorder, and/or substance use needs, along dimensions that are helpful and meaningful for the context and purpose of the evaluation at a particular point in the juvenile justice process;
- Are amenable to administration with youth of diverse ethnic, cultural and linguistic backgrounds;
- Offer age-based and gender-based norms across the age span to which they will be applied.

Additional considerations are warranted specifically for ***screening instruments,*** which are enhanced if they:

- Assess psychological or behavioral conditions that are of concern regarding the need for immediate or emergency intervention (e.g., suicide potential, serious depression, anger and aggression, substance abuse);
- Have low per-case cost and low publisher fees (due to typically high volume of screening cases);
- Involve brief, simple administration requiring little or no specialized clinical expertise;
- Offer easy scoring producing uncomplicated results;
- Allow for quick and simple translation of scores or application of decisions rules in moving from screening data to mental health responses.

Summary and recommendations

Screening and assessment are essential steps in the process of appropriately identifying and responding to the mental health and substance use needs of youth in the juvenile justice system. It is critical that clinicians and other professionals working with youth in the juvenile justice system have an understanding of the importance of screening and assessment and how the information collected from these processes should be used to inform treatment and placement decisions. Despite the identified challenges to providing screening and assessment to youth in the juvenile justice system, and only limited empirical knowledge about how best to provide these services to justice-involved youth, a set of clear recommendations is emerging that can provide guidance to juvenile justice administrators, practitioners and mental health professionals working with youth in the juvenile justice system.

Screening should be performed on all youth at the earliest point of contact with the juvenile justice system. All youth involved with the juvenile justice system should be screened to identify the possibility of mental health and substance use disorders. The screening should be brief and should be used to identify those youth who require further evaluation and assessment. Screening is most critical when conducted at a youth's earliest point of contact with the juvenile justice system. However, screening should also be employed periodically to monitor a youth's mental health status at all stages of juvenile justice system involvement.

Assessments should be performed on those youth requiring further evaluation. Detailed assessments should be performed on youth whose initial screen indicates a need for further examination of psychosocial needs and problems. While often more expensive than a screen, an assessment can yield more detailed diagnostic information about a youth's mental health and substance use status and can be used to form the basis of treatment recommendations.

Care should be taken to identify the most appropriate instruments for juvenile justice involved youth. The screening and assessment instruments selected by a juvenile justice agency or facility should be appropriate for use with the population being assessed and, ideally, meet standards for reliability and validity. Important considerations, such as the age, gender, ethnic and linguistic background, and cognitive skills of the youth being assessed should be taken into account when selecting instruments. Other considerations include contextual or situational factors (such as administration time and cost), as well as the adequacy of the instrument's psychometric properties.

Need and risk levels need to be appropriately balanced. Juvenile justice agencies and facilities often conduct risk assessments to determine a youth's risk of future delinquency or to determine the most appropriate level of security necessary for the youth. The results of any risk determination need to be combined with the results of all need-based assessments to develop treatment plans that reflect the level of risk presented by the youth as well as the need for services and treatment.

There is no one best way to provide mental health screening and assessment to youth in the juvenile justice system. The implementation of a particular screening and assessment approach depends on a variety of factors—the point of contact within the juvenile justice system where screening and assessment will occur, the resources available to support the effort, the amount of time available to conduct the evaluations, and the degree to which other systems (mental health or child welfare, for example) can serve as collaborators in this effort. □

About the authors...

Thomas Grisso is a clinical psychologist and Professor of Psychiatry at the University of Massachusetts Medical School where he is Coordinator of the Law and Psychiatry Program. Lee Underwood is a clinical psychologist and serves as Assistant Professor of Counseling and Psychology and Director of the Masters in Counseling Program at Regent University in Virginia Beach, VA.

References

American Bar Association. (2001). Justice by gender: The lack of appropriate prevention, diversion and treatment alternatives for girls in the justice system. Jointly issued by the American Bar Association and the National Bar Association.

Cocozza, J. J., & Skowyra, K. R. (2000). Youth with mental health disorders: Issues and emerging responses. *Juvenile Justice Journal, Vol. VII*(1). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Frick, P. (1998). *Conduct disorders and severe antisocial behavior.* New York: Plenum.

Grisso, T., & Barnum, R. (2000). *Massachusetts Youth Screening Instrument second version: User manual and technical report.* Worchester, MA: University of Massachusetts Medical School.

Isaacs, M. (1992). Assessing the mental health needs of children and adolescents of color in the juvenile justice system. Overcoming institutionalized perceptions and barriers. In J. Cocozza (Ed.), *Responding to the mental health needs of youth in the juvenile justice system* (pp. 141-163). Seattle, WA: National Coalition for the Mentally Ill in the Criminal Justice System.

Kazdin, A. (2000). Mental disorders of adolescences. In T. Grisso & R. Schwartz (Eds.), *Adolescent development and juvenile justice.* Chicago: University of Chicago Press.

Otto, R. K., Greenstein, J.J., Johnson, M.K., & Friedman, R.M. (1992). Prevalence of mental disorders among youth in the juvenile justice system. *Responding to the mental health needs of youth in the juvenile justice system.* Seattle, WA: The National Coalition for the Mentally Ill in the Criminal Justice System.

Snyder, H.N., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report.* Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Teplin, L. A., & McClelland, G. (1998, March). *Psychiatric and substance abuse disorders among juveniles in detention: An empirical assessment.* Paper presented at the convention of the American Psychological-Law Society, Redondo Beach, CA.

Trupin, E., & Boesky, L. (1999). *Working together for change: Co-occurring mental health and substance use disorders among youth involved in the juvenile justice system: Cross training, juvenile justice, mental health, substance abuse.* Delmar, NY: The National GAINS Center.

About the National Center for Mental Health and Juvenile Justice

Recent findings show that large numbers of youth in the juvenile justice system have serious mental health disorders, with many also having a co-occurring substance use disorder. For many of these youth, effective treatment and diversion programs would result in better outcomes for the youth and their families and less recidivism back into the juvenile and criminal justice systems. Policy Research Associates has established the National Center for Mental Health and Juvenile Justice to highlight these issues. The Center has four key objectives:

- Create a national focus on youth with mental health disorders in contact with the juvenile justice system
- Serve as a national resource for the collection and dissemination of evidence-based and best practice information to improve services for these youth
- Conduct new research and evaluation to fill gaps in the existing knowledge base
- Foster systems and policy changes at the national, state and local levels to improve services for these youth.

A key aspect of the Center's mission is to provide practical assistance to all persons interested in mental health and juvenile justice issues. **For assistance please contact NCMHJJ toll-free at (866) 9NC-MHJJ, or visit our website at www.ncmhjj.com.**

Joseph J. Cocozza, PhD
Director

Kathleen R. Skowyra
Associate Director

BEST COPY AVAILABLE

U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)

REPRODUCTION RELEASE

(Specific Document)

I. DOCUMENT IDENTIFICATION:

Title: Screening and Assessing Mental Health and Substance Use Disorders among Youth in the Juvenile Justice System	
Author(s): Thomas Grisso, Lee Underwood	
Corporate Source: National Center for Mental Health and Juvenile Justice	Publication Date: Jan 2003

II. REPRODUCTION RELEASE:

In order to disseminate as widely as possible timely and significant materials of interest to the educational community, documents announced in the monthly abstract journal of the ERIC system, *Resources in Education* (RIE), are usually made available to users in microfiche, reproduced paper copy, and electronic media, and sold through the ERIC Document Reproduction Service (EDRS). Credit is given to the source of each document, and, if reproduction release is granted, one of the following notices is affixed to each document.

If permission is granted to reproduce and disseminate the identified documents, please CHECK ONE of the following three options and sign at the bottom of the page.

The sample sticker shown below will be affixed to all Level 1 documents

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

_____

_____

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

1

Level 1 ☒

Check here for Level 1 release, permitting reproduction and dissemination in microfiche or other ERIC archival media (e.g., electronic) *and* paper copy.

The sample sticker shown below will be affixed to all Level 2A documents

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN MICROFICHE, AND IN ELECTRONIC MEDIA FOR ERIC COLLECTION SUBSCRIBERS ONLY, HAS BEEN GRANTED BY

_____

_____

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

2A

Level 2A ☐

Check here for Level 2A release, permitting reproduction and dissemination in microfiche and in electronic media for ERIC archival collection subscribers only

The sample sticker shown below will be affixed to all Level 2B documents

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

_____

_____

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

2B

Level 2B ☐

Check here for Level 2B release, permitting reproduction and dissemination in microfiche only

Documents will be processed as indicated provided reproduction quality permits.
If permission to reproduce is granted, but no box is checked, documents will be processed at Level 1.

I hereby grant to the Educational Resources Information Center (ERIC) nonexclusive permission to reproduce and disseminate these documents as indicated above. Reproduction from the ERIC microfiche or electronic media by persons other than ERIC employees and its system contractors requires permission from the copyright holder. Exception is made for non-profit reproduction by libraries and other service agencies to satisfy information needs of educators in response to discrete inquiries.

Sign here, please

Signature: Joseph J. Cocozza	Printed Name/Position/Title: Joseph J. Cocozza, Ph.D. Ctr. Dir.	
Organization/Address: Natl Center for Mental Health & Juvenile Justice Policy Research Associates 345 Delaware Avenue Delmar, NY 12054	Telephone:	FAX:
	E-Mail Address: jcocozza@prainc.com	Date: 8-11-03

III. DOCUMENT AVAILABILITY INFORMATION (FROM NON-ERIC SOURCE):

If permission to reproduce is not granted to ERIC, *or*, if you wish ERIC to cite the availability of these documents from another source, please provide the following information regarding the availability of these documents. (ERIC will not announce a document unless it is publicly available, and a dependable source can be specified. Contributors should also be aware that ERIC selection criteria are significantly more stringent for documents that cannot be made available through EDRS.)

Publisher/Distributor:
Address:
Price:

IV. REFERRAL OF ERIC TO COPYRIGHT/REPRODUCTION RIGHTS HOLDER:

If the right to grant this reproduction release is held by someone other than the addressee, please provide the appropriate name and address:

Name:
Address:

V. WHERE TO SEND THIS FORM:

Send this form to the following ERIC Clearinghouse:

ERIC Counseling & Student Services
University of North Carolina at Greensboro
201 Ferguson Building
PO Box 26171
Greensboro, NC 27402-6171